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Certificate of Mailing	
Date of Deposit <u>April 19, 2001</u>	Label Number: <u>EL509219083US</u>
I hereby certify under 37 C.F.R. § 1.10 that this correspondence is being deposited with the United States Postal Service as "Express Mail Post Office to Addressee" with sufficient postage on the date indicated above and is addressed to: BOX PATENT APPLICATION, Assistant Commissioner for Patents, Washington, D.C. 20231.	
<u>Guy Beardsley</u> Printed name of person mailing correspondence	<u>Guy E Beardsley</u> Signature of person mailing correspondence

UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)	
Attorney Docket Number	50025/003002
Applicants	Victor J. Dzau, Gary H. Gibbons, and Ryuichi Morishita
Title	Therapeutic Use of Cis-Element Decoys In Vivo
PRIORITY INFORMATION:	
This application is a continuation of and claims priority from United States patent application 08/524,206, filed September 8, 1995, which is a continuation of 08/144,717, filed October 29, 1993.	
SMALL ENTITY STATUS:	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	17 pages
Claims	2 pages
Abstract	1 page
Drawing	5 sheets
Combined Declaration and POA, which is: <input type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input checked="" type="checkbox"/> A copy from prior application 08/144,717 and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	3 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 diskettes
Preliminary Amendment with Reference	10 pages
IDS	0 pages
Form PTO 1449	0 pages

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Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages
English Translation	0 pages
Certified Copy of Priority Document	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$355	\$355.00
Excess Claims Fee: 12 - 20 x \$9	\$0.00
Excess Independent Claims Fee: 3 - 3 x \$40	\$0.00
Multiple Dependent Claims Fee: \$135	\$0.00
Total Fees:	\$355.00
Enclosed is a check for \$355.00 to cover the total fees. Please apply any other charges or any credits, to Deposit Account No. 03-2095.	
CORRESPONDENCE ADDRESS:	
Paul T. Clark Reg. No. 30,162 Clark & Elbing LLP 176 Federal Street Boston, MA 02110 Telephone: 617-428-0200 Facsimile: 617-428-7045	
CUSTOMER NO: 21559	
<div style="display: flex; justify-content: space-between;"> <div> <i>Susan M. Michaud</i> Signature Susan M. Michaud Reg.No. 42,885 </div> <div> <i>April 19, 2001</i> Date </div> </div>	

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